LETTERS *to the Editor*

Annual Session

TO THE EDITOR: The 102nd Annual Session of the CMA was as usual a great success. There may be, however, some areas where your gentle readers may wish to voice their concern for improvement. I refer to the Scientific Section Meetings. Many of these were excellent. There were also a number of worthwhile social conferences on topics such as Data Processing, Marriage, Medical Writing, Alcoholism and so forth.

There might have been much more. The choice of meetings and the availability of conferences devoted to a variety of special subjects seemed to be wanting. Perhaps there are others who feel as I do. The excellence of California medicine should be reflected in the annual meetings of our association.

We started a scientific association. Now that the specialty organizations have assumed this responsibility, CMA has developed increasingly socio-economic interests for the betterment of the profession. Possibly the pendulum has swung too far. Now as a common meeting ground for the specialty societies, may not the CMA again assume leadership as a scientific society as well as its proven leadership in socio-economics?

Much has been done already to coordinate meetings of the specialty societies with the annual sessions. Further development of this policy could very easily transform these sessions to a rewarding educational experience for CMA members. Quite possibly an even better attendance might result.

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More on Gonorrhea

TO THE EDITOR: Dr. Nelson's review of uncomplicated male gonorrhea [Calif Med 118:10-13, Jan 1973] was undoubtedly accepted for publication months ago. It needs some updating now. But first may I object to our sloppy Public Health publicity that talks about venereal disease being *the* major communicable disease, as if "it" were *one* infection. What organism is responsible and what are the specific symptoms of *the* venereal disease? The statistics are impressive enough without lumping together gonorrhea, infectious syphilis, and all the latent reactive serologies uncovered each year—a meaningless melange. We might as well talk about the incidence of dysentery and include shigellosis, salmonellosis and viral gastroenteritis as one disease—shades of the nineteenth century.

In listing sites of entry of the gonococcus, the pharynx should be included among less frequent portals of entry, along with the conjunctivas and rectum.

Although Dr. Nelson does mention asymptomatic gonorrhea in the male, I believe he would agree that it now deserves more than passing mention. Every female, who has gonorrhea and is not named as a contact to a male case, should be interviewed and her recent contacts at least examined for asymptomatic infection. A significant proportion will be found to be infected.

At present oral treatment of gonorrhea is most easily accomplished (unless the patient is penicillin sensitive) with 3.5 grams ampicillin and 1 gram probenecid given at the same time in one dose in the clinic (a lot of pills but surprisingly well tolerated). This dosage is not adequate to protect certainly against incubating syphilis, but there are some advantages in avoiding intramuscular penicillin and in not having to keep patients waiting 30 minutes after the oral probenecid before giving the injectable medication. Our clinic has utilized this dosage of ampicillin and probenecid for the last 18 months with no evidence of increasing resistance and a treatment failure rate of less than 7 percent.

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